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**AUTHORIZATION FOR THE RELEASE OF
WAGE INFORMATION**

I, _____, do hereby authorize _____ (“Releasee”), to provide copies of and disclose to _____, of the law firm of Thomas & Godley, PLLC, 514 Williamson Road, Suite 421, Mooresville, NC 28117, all of Releasee’s wage records of every kind and description relating to the undersigned’s rate of pay and wage and hour information.

The time period of the information to be provided is from _____ until such time as this Release shall be revoked by me or until it shall have lapsed according to its terms as set forth below.

The person who is authorized to have this information will, at his own expense, have the ability to make photocopies. This written authorization may at any time be revoked, and only by me, my parent or legal guardian by executing a written revocation. If not previously revoked by me in writing, this authorization will remain in effect for a period of three (3) years from the date of this instrument.

Date: _____

(Signature of Employee)

Print Name

Social Security Number